

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                 |
|------------------------|-----------------|
| Application Number     | 10/535,156      |
| Filing Date            | 04/05/2006      |
| First Named Inventor   | Alain NEPNEU    |
| Art Unit               | 1643            |
| Examiner Name          | Alana M. Harris |
| Attorney Docket Number | 760/11168.304   |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

25545

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

25545

OR

Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Michael Avdeev

McGill University

Date

June 26/08

Telephone

514.398.2367

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*

\*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is guaranteed under 35 U.S.C. 122, and 37 CFR 1.10 and 1.14. This collection is estimated to require 3 minutes to complete. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Inventor(s) and/or assignee(s) of record, please attach the completed form to your application to the USPTO. Any comments concerning the burden of this collection of information on the account of firms, you, require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.